

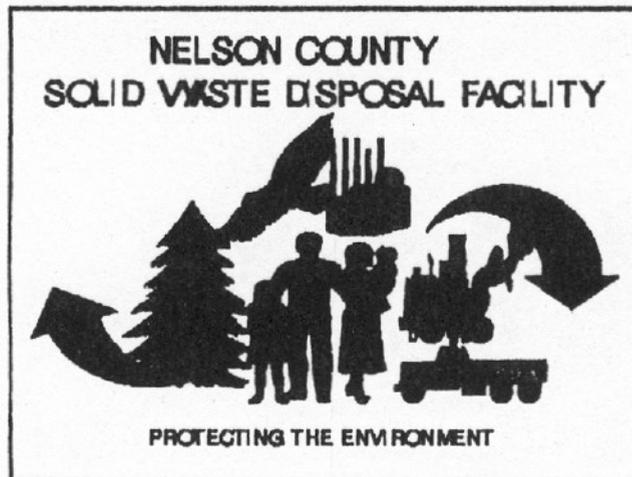
APPLICATION TO ACCEPT A WASTE STREAM

AT THE

NELSON COUNTY SOLID WASTE DISPOSAL FACILITY

**1025 AIRPORT ROAD
BARDSTOWN, KENTUCKY 40004**

TELEPHONE: 502-348-1876



SUBMITTED BY:

INDUSTRY/WASTE GENERATOR

DATE

ADDRESS

Application No. _____

Date Received _____

Receipt No. _____

APPLICATION TO ACCEPT A WASTE STREAM

Landfill Operators and Generators must retain a copy
of the completed application for their files

PLEASE TYPE OR PRINT LEGIBLY

A. WASTE GENERATOR IDENTIFICATION

Provide the legal name and mailing address of the individual, business, partnership, corporation, or public entity (applicant) responsible for waste generation.

1. Name _____

2. Mailing Address _____

3. City _____ 4. State _____ 5. Zip _____

6. Contact Person _____ 7. Phone _____

8. County where waste is generated _____

9. Location where waste is generated if different from above
address _____

B. WASTE DESCRIPTION

1. Waste Name _____

Completely describe the source of the waste including the industrial process if any. If more space is needed, please attach the completed description and label it as Attachment B1.

2. Is this waste a characteristically hazardous waste as defined in 401 KAR 31:030? Yes No

3. Is this waste a listed hazardous waste as defined in 401 KAR 31:040? Yes No

4. Is this waste mixed with a hazardous waste? Yes No

5. Is this waste derived from a hazardous waste? Yes No

6. Does the waste contain polychlorinated biphenyls (PCBs)? Yes No

7. Waste condition upon generation

Solid Semi-solid Liquid

8. Has the waste been treated? Yes No If yes, explain

9. Waste condition upon disposal Solid Semi-solid

10. Waste Amount _____ 55-Gallon Drums
Waste Amount _____ Tons
Waste Amount _____ Cubic Yards
Waste Amount _____ Other _____

11. Disposal Frequency Once
(Please check only one box) Monthly
 Yearly

C. WASTE GENERATOR CERTIFICATION

An authorized agent must sign the certification. Example: president, vice-president, plant manager, plant engineer, mayor, city engineer, WWTP manager, or other appropriate official. The authorized agent MAY NOT BE a consultant or broker.

"I certify under penalty of law that this document and all attachments, except the landfill information on page five were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations."

1. Signature _____ 2. Date _____

ORIGINAL SIGNATURE ONLY - NO PHOTOCOPIES

3. _____ 4. Title: _____

TYPE OR PRINT-Authorized Generator Agent

D. LABORATORY PERFORMING ANALYSIS

- 1. Laboratory Name _____
- 2. Mailing Address _____
- 3. City _____ 4. State _____ 5. Zip _____
- 6. Contact _____ 7. Phone _____

E. SAMPLING INFORMATION

- 1. Name of Person Taking Sample _____
- 2. Company Affiliation _____
- 3. Container Type Glass
 Plastic
 Other (explain) _____

- 4. Sample Type Composite
 Grab
 Other (explain) _____

- 5. Size of Container _____
- 6. Preservative _____

F. WASTE CHARACTERISTICS

Attach all analyses, material safety data sheets (MSDS), or any information pertinent for characterizing the waste.

1. Waste Name _____

2. Does the waste exhibit the characteristics of a hazardous waste as described in 401 KAR 31:030?

CHARACTERISTICS	YES	NO	ANALYSIS
Is the waste ignitable?	<input type="checkbox"/>	<input type="checkbox"/>	Flashpoint _____ °F
Is the waste corrosive?	<input type="checkbox"/>	<input type="checkbox"/>	pH _____
Is the waste reactive?	<input type="checkbox"/>	<input type="checkbox"/>	_____ mg/kg <input type="checkbox"/> H ₂ S <input type="checkbox"/> HCN

3. Was a TCLP analysis performed? Yes No
If yes, provide the analyses.

4. Does the waste pass the paint filter test? Yes No
(All sludges, soils, and spill residues must have a paint filter test)
If yes, provide the test analyses.

G. LABORATORY CERTIFICATION

"I certify that the laboratory results of Sections D-F and all corresponding attachments are true and correct and analyses were conducted in accordance with EPA publication SW-846 Test Methods for Evaluating Solid Waste, Physical/Chemical Methods."

1. _____ 2. _____
Signature of Laboratory Analyst Date

H. HAULER IDENTIFICATION

1. Hauler Name _____

2. Street Address _____

3. City _____ 4. State _____ 5. Zip _____

6. Contact _____ 7. Phone _____

LANDFILL INFORMATION

I. DISPOSAL SITE IDENTIFICATION

1. Landfill Name _____
2. Permit Number _____ 3. Landfill County _____
4. Mailing Address _____
5. City _____ 6. State _____ 7. Zip _____
8. Landfill Contact Person _____
9. Landfill Phone _____

J. INSTRUCTIONS TO GENERATOR

The landfill's agent is to provide any instructions to the generator that are to be followed when the waste is delivered. These instructions will become conditions of the approval. The instructions may include notification prior to delivery, time of day to deliver waste, maximum amount per day, and any special handling instructions and requirements.

1. Time of day the waste is to be delivered _____
2. Special handling requirements _____
- _____
- _____
- _____

K. DISPOSAL METHOD

- Container
- Co-mix with Garbage
- Bottom of the Lift
- Other _____

L. LANDFILL CERTIFICATION

"I agree to accept the waste described in this form at this landfill and I propose to use the method of disposal described on this page. Furthermore, I certify under penalty of law that the information on this page is, to the best of my knowledge and belief, true, accurate, and complete."

1. Signature _____ 2. Date _____
- ORIGINAL SIGNATURE ONLY - NO PHOTOCOPIES
3. _____ 4. Title _____
- (TYPE OR PRINT Authorized Landfill Agent)